PART B - FEE(S) TRANSMITTAL

a together with applicable fee(s) to Mail Mail Stop ISSUF FFF

	TRABEMA	<i></i>		or Fax	(571) 273-2885	ginia 22313-1450	
NSTRUCT, appropriate, indicated un	IONS: This for All further cor- icss corrected to	rm should be used for tran respondence including the below or directed otherwise	smitting the ISSUI Patent, advance ord in Block 1, by (a)	E FEE and PUBLIC. lers and notification of specifying a new co	ATION FEE (if requires fees prespondence address	uired). Blocks 1 through 5 s will be mailed to the current s; and/or (b) indicating a sep-	hould be completed whe correspondence address:
	CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  30550 7590 09/12/2005				Note: A certificate o	f mailing can only be used fi	or domestic mailings of t
					nave its own certifica	nal paper, such as an assignments of mailing or transmission.	ent of formal mawing, inc
		TREET #510 W		]	hereby certify that is states Postal Service addressed to the MS	ertificate of Mailing or Trans this Fee(s) Transmittal is bein with sufficient postage for fir uil Stop ISSUE FEE address PTO (571) 273-2885, on the	smission g deposited with the Unit st class mail in an envelo above, or being facsimi
				ĺ	6/1/1/2	m Krusius 7	(Depositor's name
2:2501		700.00 OP		Ī	Signature (Signature		
				[	11/28	3/05	(Date
APPLICA	ATION NO.	FILING DATE	F	TRST NAMED INVENT	OR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/7	10/710,721 07/29/2004		John Brady				4720
L	N. TYPE	SMALL ENTITY YES	ISSUE FEI \$700	6 PUE	SLICATION FEE \$0	TOTAL FEE(S) DUE \$700	DATE DUE 12/12/2005
EXAMINER		ART UNIT	T CLA	SS-SUBCLASS	7		
NGHIEM, MICHAEL P			2863		702-050000	-	•
		ence address (or Change of ( 2) attached.		or agents OR, altern	•	members 2 Bill &	Move low I
"Fee A PTO/SB/4 Number is	ddress" indicati 7; Rev 03-02 o s required.	on (or "Fee Address" Indica r more recent) attached. Use	tion form of a Customer	(2) the name of a sin registered attorney of 2 registered patent a listed, no name will	agle firm (having as r agent) and the nan storneys or agents. If he printed.	nes of up to	Mary lou I
"Fee A PTO/SB/4 Number is 3. ASSIGNER	ddress" indicati 7; Rev 03-02 o s required. E NAME AND	on (or "Fee Address" Indica r more recent) attached. Use RESIDENCE DATA TO BI	tion form of a Customer E PRINTED ON TH	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will IE PATENT (print or	ngle firm (having as or agent) and the nan ttorneys or agents. If be printed.	nes of up to no name is 3	Mary Cou I
Tree A PTO/SB/4 Number is  3. ASSIGNER PLEASE 1 recordation	ddress" indicati 7; Rev 03-02 o s required. E NAME AND	on (or "Fee Address" Indica r more recent) attached. Use RESIDENCE DATA TO BI an assignce is identified be 37 CFR 3.11. Completion of	tion form of a Customer  E PRINTED ON THE low, no assignee de of this form is NOT	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will IE PATENT (print or	agle firm (having as or agent) and the nan itorneys or agents. If the printed. type)  patent. If an assign an assignment.	nes of up to no name is 3	Mary Cou I
3. ASSIGNER PLEASE 1 recordation (A) NAME	ddress" indicati 7; Rev 03-02 o s required. E NAME AND NOTE: Unless n as set forth in E OF ASSIGNE	on (or "Fee Address" Indica r more recent) attached. Use RESIDENCE DATA TO BI an assignce is identified be 37 CFR 3.11. Completion of	tion form of a Customer  E PRINTED ON THE low, no assignee de if this form is NOT	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will see PATENT (print or at a will appear on the a substitute for filing a RESIDENCE: (CITY	agle firm (having as or agent) and the nan thorneys or agents. If the printed.  type)  patent. If an assign assignment.  and STATE OR CO	nes of up to no name is 3	
3. ASSIGNED PLEASE 1 recordation (A) NAME	ddress" indicati 7; Rev 03-02 o s required.  E NAME AND NOTE: Unless n as set forth in E OF ASSIGNE the appropriate a wing fee(s) are e	on (or "Fee Address" Indica r more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be 37 CFR 3.11. Completion of E	tion form of a Customer  E PRINTED ON THe low, no assignee de f this form is NOT  (B)  ies (will not be printed)	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will SEPATENT (print or at a will appear on the a substitute for filing a RESIDENCE: (CITY and on the patent):  Payment of Fec(s):	agle firm (having as or agent) and the nan thorneys or agents. If the printed.  type)  patent. If an assign and STATE OR CO	nes of up to no name is 3	
3. ASSIGNER PLEASE 1 recordation (A) NAME	ddress" indicati 7; Rev 03-02 os required. E NAME AND NOTE: Unless in as set forth in E OF ASSIGNE the appropriate aving fee(s) are exec	on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be 37 CFR 3.11. Completion of E	tion form of a Customer  E PRINTED ON THE low, no assignee de of this form is NOT  (B)  ics (will not be printle)	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will the PATENT (print or at a will appear on the a substitute for filing a RESIDENCE: (CITY ted on the patent):  Payment of Fec(s):	agle firm (having as or agent) and the nan titorneys or agents. If he printed.  type)  patent. If an assigna assignment.  and STATE OR CO	nes of up to no name is 3	
3. ASSIGNER PLEASE 1 recordation (A) NAME  Please check to the following publication of the publication of the property of the	ddress" indicati 7; Rev 03-02 os required. E NAME AND NOTE: Unless in as set forth in E OF ASSIGNE the appropriate aving fee(s) are exec	on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be 37 CFR 3.11. Completion of E	tion form of a Customer  E PRINTED ON THE low, no assignee de fi this form is NOT  (B)  ies (will not be printed to the first of the fi	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will the PATENT (print or at a will appear on the a substitute for filing a RESIDENCE: (CITY ted on the patent):  Payment of Fee(s):  A check in the amo	ayle firm (having as or agent) and the nan thorneys or agents. If he printed.  type)  patent. If an assigna assignment.  and STATE OR CO  Individual C  cunt of the fee(s) is entered.	nes of up to no name is  a  nee is identified below, the de  UNTRY)  orporation or other private gro  telosed.  is attached.  tharge the required fee(s), or other private groups.	oup entity Governmen
Please check to Publica Advance 5. Change in	ddress" indicani 7; Rev 03-02 o 5 required.  E NAME AND NOTE: Unless in as set forth in E OF ASSIGNE the appropriate a ving fee(s) are e ce ce ce corder - # of 6 Entity Status (i)	on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be 37 CFR 3.11. Completion of E. assignee category or category enclosed:  and entity discount permitted copies	tion form of a Customer  E PRINTED ON THe low, no assigned de of this form is NOT  (B)  ies (will not be print  4b. 1	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will REPATENT (print or at a will appear on the a substitute for filling a RESIDENCE: (CITY and on the patent):  Payment of Fec(s):  A check in the amo Payment by credit of the patent of the payment	agle firm (having as or agent) and the nan thorneys or agents. If he printed.  type) patent. If an assign and STATE OR CO  Individual Cuut of the fee(s) is entered are card. Form PTO-2030 reby authorized by coer	nes of up to no name is 3	one entity Government  credit any overpayment, to ppy of this form).
Please check to Advance in Advance in North Publica Advance in North Publica Advance in North The birector of Note: The is	ddress" indicati 7; Rev 03-02 o 7; Rev 03-02 o required.  E NAME AND NOTE: Unless n as set forth in E OF ASSIGNE the appropriate ving fee(s) are e ee tition Fee (No sm ee Order - # of 0 Entity Status () icant claims SM of the USPTO Siste Fee and Pul	on (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO Bl an assignee is identified be 37 CFR 3.11. Completion of E. assignee category or categor inclosed:  and entity discount permitted copies	tion form of a Customer  E PRINTED ON THE low, no assigned duft this form is NOT  (B)  ies (will not be printed to	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will REPATENT (print or at a will appear on the a substitute for filing a RESIDENCE: (CITY ted on the patent):  Payment of Fee(s):  A check in the amo Payment by credit of the Director is here possit Account Number of the ciff and in the patent of the pat	agle firm (having as or agent) and the nan titorneys or agents. If he printed.  type)  patent. If an assignation assignment.  and STATE OR CO  Individual C  cunt of the fee(s) is entered assignation of the fee(s) and the printed are card. Form PTO-2038 reby authorized by comment of the second control of the card.	nes of up to no name is  a  nee is identified below, the de  UNTRY)  orporation or other private gro  telosed.  is attached.  tharge the required fee(s), or other private groups.	oup entity Government or Government, 1 opy of this form).
Please check to Authorized	ddress" indicati 7; Rev 03-02 o 7; Rev 03-02 o 7; Rev 03-02 o 8 required.  E NAME AND NOTE: Unless In as set forth in E OF ASSIGNE  the appropriate of wing fec(s) are e eee thion Fee (No sm the Order - # of 0  Entity Status (i icant claims SM of the USPTO is stue Fee and Pul win by the recon  Signature	on (or "Fee Address" Indica r more recent) attached. Use RESIDENCE DATA TO Bi an assignee is identified be 37 CFR 3.11. Completion of E. assignee category or categor inclosed:  and entity discount permitted copies	tion form of a Customer  E PRINTED ON THE low, no assigned duft this form is NOT  (B)  ies (will not be printed to	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will REPATENT (print or at a will appear on the a substitute for filing a RESIDENCE: (CITY ted on the patent):  Payment of Fee(s):  A check in the amo Payment by credit of the Director is here possit Account Number of the ciff and in the patent of the pat	agle firm (having as or agent) and the nan tromeys or agents. If be printed.  type) patent. If an assign and STATE OR CO  Individual Count of the fee(s) is entered and STATE or Count of the fee(s) is entered and some proper claiming SMA apply any previouslatine applicant; a regulate	nes of up to no name is 3  nee is identified below, the discontinuous or other private grounds as a stached.  The is attached.  The required fee(s), or of the continuous of the continuous an extra continuous and interest attorney or agent; or the continuous of the	or entity Government or entity Government, to pay of this form).
Please check to the following for the following	ddress" indicati 7; Rev 03-02 o 7; Rev 03-02 o 5 required.  E NAME AND NOTE: Unless in as set forth in E OF ASSIGNE the appropriate o wing fee(s) are e ce thion Fee (No sin the Order - # of 0 Entity Status (i) icant claims SM of the USPTO is sue Fee and Pul win by the recon  I Signature	an (or "Fee Address" Indicar more recent) attached. Use RESIDENCE DATA TO BI an assignee is identified be 37 CFR 3.11. Completion of the C	tion form of a Customer  E PRINTED ON THe low, no assignee def this form is NOT.  (B)  ics (will not be printed by the custom of	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will steed, no name will steed, no name will separate on the a substitute for filing a RESIDENCE: (CITY ted on the patent):  Payment of Fee(s):  A check in the amo Payment by credit of the Director is hereposit Account Number of the filing and the patent of the patent	agle firm (having as or agent) and the nan thorneys or agents. If he printed.  type)  patent. If an assign an assignment.  and STATE OR CO  Individual Count of the fee(s) is entered by authorized by control of the applicant; a regular and applicant; a regular and applicant; a regular characteristic benefit by the control of the applicant; a regular characteristic benefit by the control of the applicant; a regular characteristic benefit by the control of the applicant; a regular characteristic benefit by the control of the applicant; a regular characteristic benefit by the control of t	no name is 3  untry)  orporation or other private grounds and is attached.  harge the required fee(s), or of (enclose an extra control of the state of the application of the private attorney or agent; or the control of the private attorney or agent; or the control of the private of t	or entity Government or entity Government or entity Government or entity of this form).  FR 1.27(g)(2).  Then identified above, e assignee or other party in the control of
Please check to the following	ddress" indicant 7; Rev 03-02 o 7; Rev 03-02 o required.  E NAME AND NOTE: Unless n as set forth in E OF ASSIGNE the appropriate o wing fee(s) are c cc thion Fee (No sm the Order - # of o Entity Status (i icant claims SM of the USPTO is sue Fee and Pul win by the recon 1. Signature 1. Confidentiality completed app or suggestions of	an (or "Fee Address" Indica r more recent) attached. Use RESIDENCE DATA TO B! an assignee is identified be 37 CFR 3.11. Completion of E. assignee category or categor inclosed:  and entity discount permitted copies  from status indicated above) IALL ENTITY status. See 3 arequested to apply the Issue blication Fee (if required) with so of the Usited States Pater is required by 37 CFR 1.31 is requir	tion form of a Customer  E PRINTED ON THE low, no assigned def this form is NOT:  (B)  ies (will not be printed the customer of the customer o	(2) the name of a sir registered attorney of 2 registered patent a listed, no name will REPATENT (print or at a will appear on the a substitute for filing a RESIDENCE: (CITY ted on the patent):  Payment of Pec(s):  A check in the amo Payment by credit of the Director is here possit Account Number of the patent of the paten	agle firm (having as or agent) and the nan transparent and the nan transparent and store agents. If he printed.  Type)  patent. If an assign an assignment.  and STATE OR CO  Individual Count of the fee(s) is entered authorized by cover and store and store and store are are and store and store and store are are apply any previously the applicant; a regiment of the applicant; a regiment and benefit by the strimated to take 12 ividual case. Any cover are are also such as a positional case. Any cover are are also such as a positional case. Any cover are are also such as a positional case. Any cover are are also such as a positional case. Any cover are are also such as a positional case.	nes of up to no name is 3  nee is identified below, the discontinuous or other private grounds as a stached.  The is attached.  The required fee(s), or of the continuous of the continuous an extra continuous and interest attorney or agent; or the continuous of the	or entity Government or edit any overpayment, ppy of this form).  FR 1.27(g)(2).  The identified above, a sasignee or other party in the USPTO to process gentlering, preparing, and the you require to complete you require to complete you require to complete.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE